

**The Kentucky Colon Cancer Screening Advisory Committee
Annual Report
July 2008 through July 2009**

This report was prepared by

**The Kentucky Department for Public Health
Chronic Disease Prevention Branch in collaboration with
The Kentucky Colon Cancer Advisory Committee**

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Message from the Colon Cancer Advisory Committee

In the 2008 Regular Session of the General Assembly, the Kentucky General Assembly enacted House Bill 415 which provided for the development of a colon cancer screening program within the Kentucky Department for Public Health to address the needs of colon cancer screening of the uninsured, limited to the amount of funding provided. While no funds were appropriated to implement the provision of the legislation, the Department has moved forward to establish the Kentucky Colon Cancer Screening Program (KCCSP). The Colon Cancer Screening Program is charged with providing outreach and education throughout the state to increase the rates of colon cancer screening and to provide for screening of the uninsured. (see KRS 214.540-544, Appendix A).

House Bill 415 also created a Colon Cancer Screening Advisory Committee to provide recommendations for overall implementation of the Colon Cancer Screening Program, establish oversight for the public awareness program, and provide an annual report to the Legislative Research Commission, the Governor and the legislature. This document is a result of a collaborative effort between the Kentucky Department for Public Health and the Colon Cancer Screening Advisory Committee. (see KRS 214.544, Appendix A).

Colon cancer is a significant health problem in Kentucky as both incidence and mortality rates are higher in Kentucky than in the United States. About 2,500 Kentuckians are diagnosed with colon cancer each year and approximately 900 Kentuckians die from this disease each year. According to data from the Kentucky Cancer Registry many of these cases are invasive late stage cancers. These invasive cases and many deaths from colon cancer could be prevented by following the screening guidelines and removal of polyps before they become cancerous.


Recent Behavioral Risk Factor Surveillance Survey (BRFSS) data indicates that Kentucky residents are being screened for colon cancer at a higher rate than in past years; however, it will take years for increased screening rates to change the incidence and mortality rates of colon cancer in the state.

Although the Centers for Disease Control and Prevention (CDC) have developed a colon cancer screening program, Kentucky is not one of the states funded. The Advisory Committee and program partners will continue to seek sources of funding for screening of the uninsured in order to decrease the burden of colon cancer in Kentucky.

Together we can make a difference in the high rates of colon cancer incidence and mortality in Kentucky through screening, early detection, and community outreach initiatives.



Chair, Whitney F. Jones, MD


Co-Chair, Regina R. Washington, DrPH

Executive Summary

This first annual report of the Kentucky Colon Cancer Advisory Committee for July 2008 through June 2009 is mandated by KRS §§ 214.544 and is designed to be reviewed by the Governor of Kentucky, the Legislative Research Commission, the Interim Joint Committee on Health and Welfare and the Interim Joint Committee on Appropriations and Revenue of the Kentucky legislature, the Secretary for the Cabinet of Health and Family Services and the Commissioner of the Department for Public Health as well as being available to the general public.

A brief overview of the data related to the incidence, mortality, disparate populations and screening rates are found in Section I. This data quickly identifies Kentucky as a state with a particularly high burden for colon cancer when compared with other states. The data was compiled by the Kentucky Cancer Registry for the CDC “Integrating Colorectal Cancer Screening within Chronic Disease Programs” grant application in April, 2009. For the purposes of this document “colon cancer” will be used interchangeably with “colorectal cancer” throughout as both are medically and academically acceptable terminology.

Section II includes Information on the structure of the Kentucky Colon Cancer Screening Program Advisory committee, the development of the Colon Cancer Screening Program within the Kentucky Department for Public Health and accomplishments of the partners engaged through the Colon Cancer Advisory Committee.

Section III is a discussion of the financial impact of colorectal cancer on the state and the future possibility of supporting a colon cancer screening program for Kentucky. Data related to inpatient charges for colon cancer treatment in Kentucky were supplied by the Office of Health Policy in the Cabinet for Health and Family Services and indicate a cost benefit with the development of a screening program by reducing the incidence and mortality from colon cancer in Kentucky.

I. The Problem of Colon Cancer in Kentucky

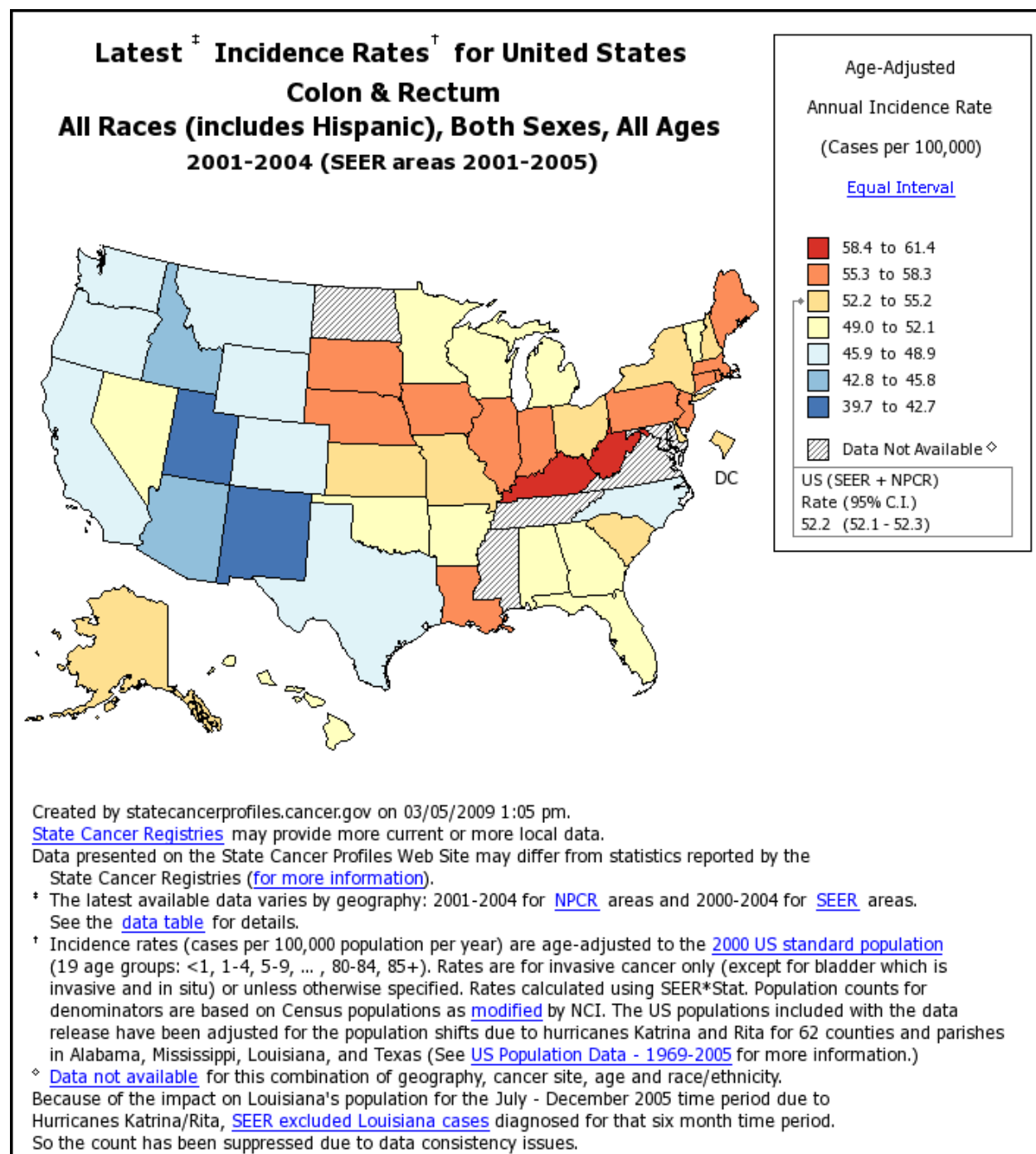
Colon cancer is a significant health problem in the United States. It is the third most commonly occurring cancer among both men and women. Approximately 150,000 new cases of colorectal cancer are diagnosed each year and nearly 50,000 people die from the disease each year. Colorectal cancer accounts for 10% of all cancer deaths in the U.S.¹

According to a “Special Report: Colorectal Cancer in Kentucky, 2001-2005” which was a section of the Annual Report for 2008 by the Kentucky Cancer Registry, there were 12,520 cases of invasive colorectal cancer diagnosed in Kentucky during 2001-2005. Of those diagnosed, 6,330 were men (50.6%) and 6,190 were women (49.4%). By age group there were 5,403 diagnosed between 50 and 70 years of age and 5,962 diagnosed over age 70. In addition, 1,155 were less than 50 years of age at diagnosis.

Many cases of colorectal cancer could be prevented through appropriate screening. Most colon cancers develop from adenomatous polyps which are noncancerous growths in the colon and rectum. Detecting and removing polyps by screening asymptomatic age-eligible patients can actually prevent the disease from occurring. Furthermore, appropriate screening for colorectal cancer will result in detecting a number of cancers at an earlier stage when they are more likely to be cured and the treatment is less extensive.² The American Cancer Society estimates that 9 out of 10 colorectal cancers could be prevented or cured by screening and regular check-ups.

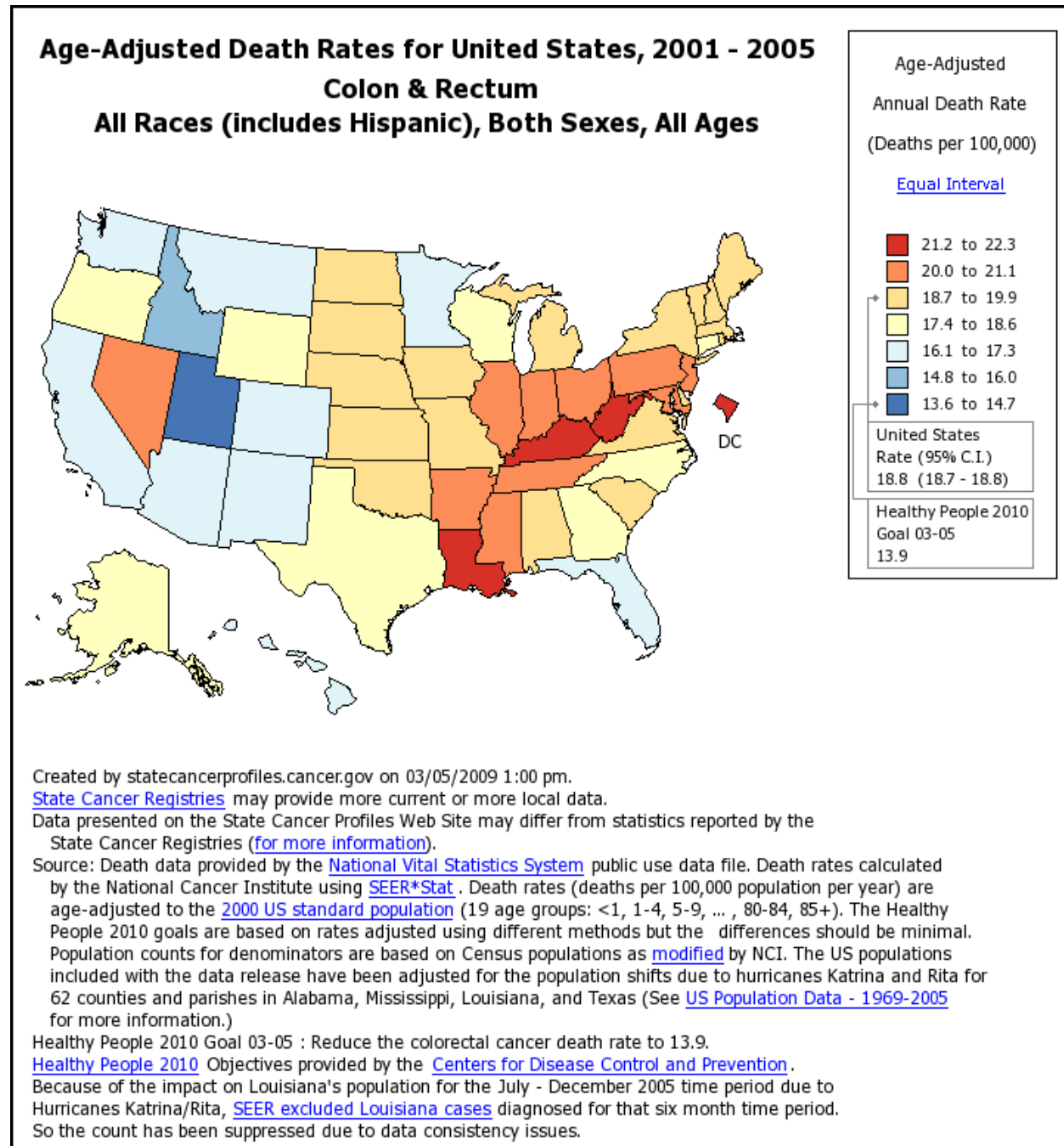
The value of colorectal screening is clear. Despite the preventable nature of the disease, the National Cancer Institute website for state cancer profiles indicates that Kentucky has the highest mortality from colon cancer as compared to all other states and the District of Columbia for the most recent year of data which is 2005. When data is trended over a period of years (2001-2005) both males and females in Kentucky have the second highest incidence and second highest mortality from colorectal cancer among all of the states in the U.S. (Figure 1 and 2) Unlike the U.S., more than 12% of all cancer deaths in Kentucky are due to colorectal cancer.³

Figure 1



The U.S. (SEER + NPCR) age-adjusted colorectal cancer incidence rate for 2001-2005 was 52.2 per 100,000 population and the Kentucky age-adjusted colorectal cancer incidence rate for 2001-2005 was 58.4 per 100,000 population.

Figure 2



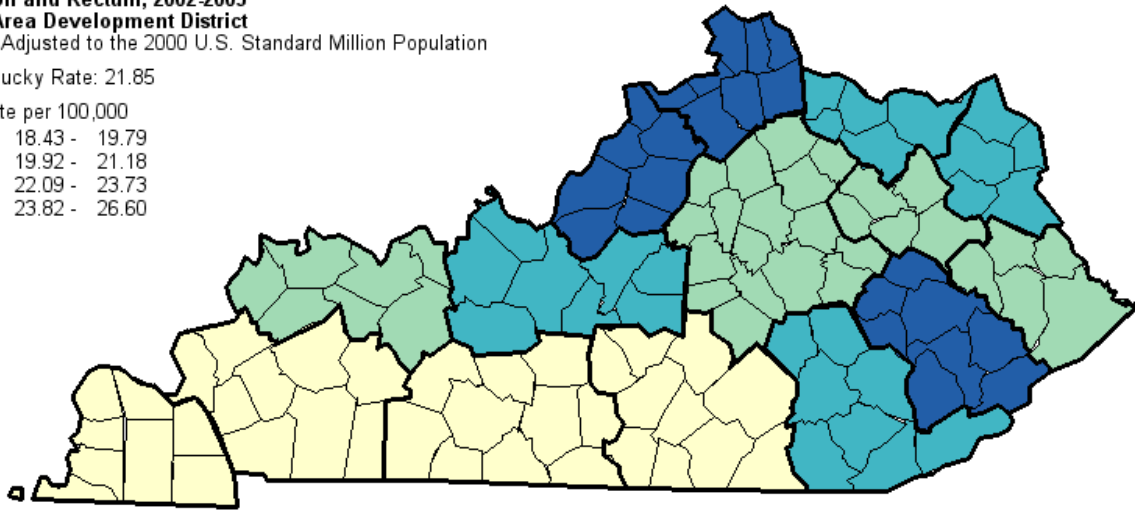
The U.S. age-adjusted colorectal cancer mortality rate for 2001-2005 was 18.8 per 100,000 population compared to 22.1 per 100,000 population in Kentucky.⁴ **Both the male and female 2001-2005 colorectal cancer incidence and mortality rates were the second highest among all of the states in the U.S.**

Figure 3

Age-Adjusted Cancer Mortality Rates in Kentucky
Colon and Rectum, 2002-2005
By Area Development District
 Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 21.85

Rate per 100,000
 18.43 - 19.79
 19.92 - 21.18
 22.09 - 23.73
 23.82 - 26.60



Created Mar 5, 2009

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Cancer Mortality Rates by Area Development District in Kentucky

Colon and Rectum, 2002-2005

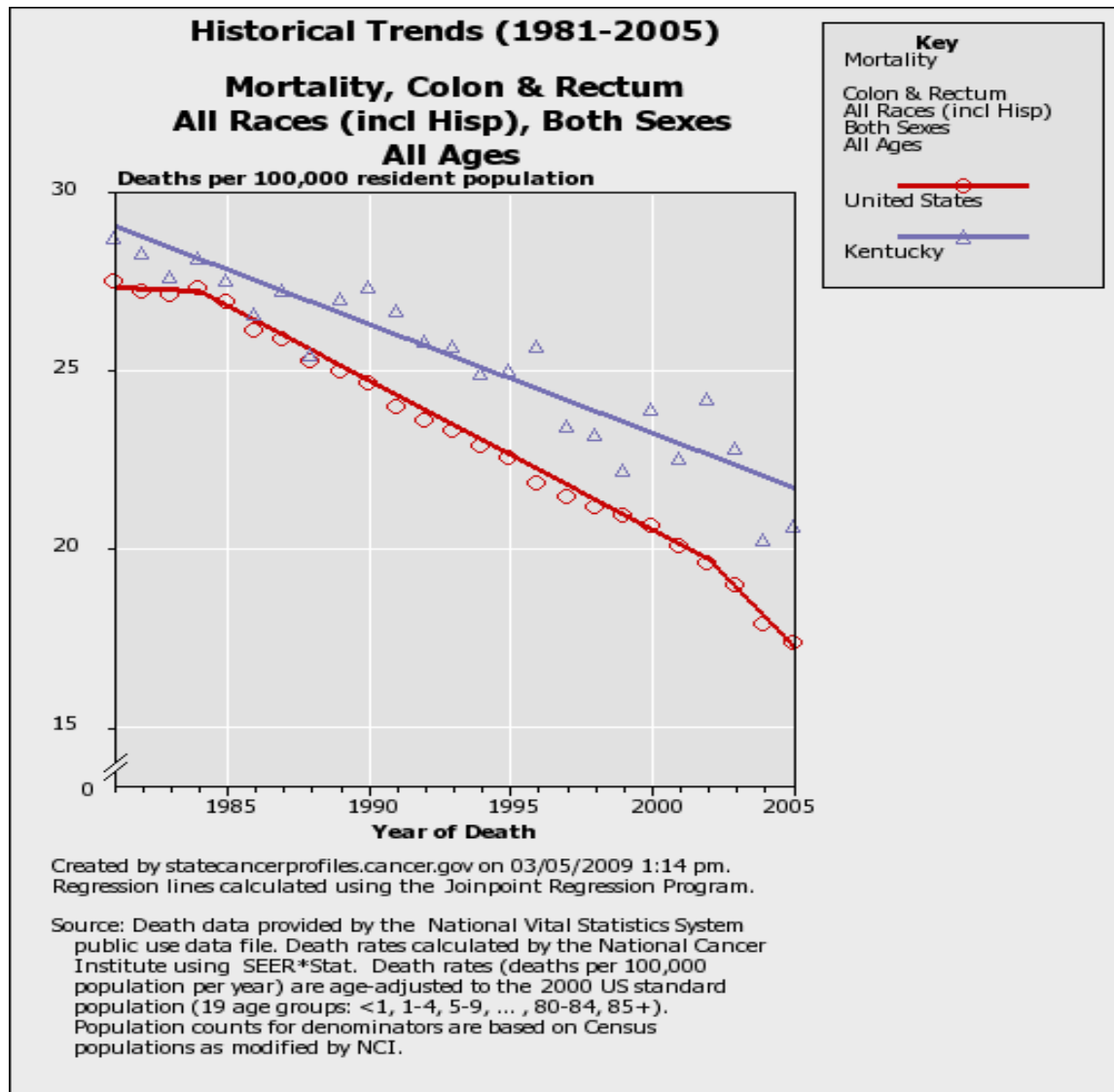
<u>Area Development District</u>	<u>Population at Risk</u>	<u>Deaths</u>	<u>Crude Rate</u>	<u>Age-adjusted Rate ▼</u>
Kentucky River	473964	128	27.01	26.60
Northern Kentucky	1630154	347	21.29	24.26
Kipda	3570365	863	24.17	23.82
Lincoln Trail	999619	222	22.21	23.73
Fivco	544177	146	26.83	23.40
Cumberland Valley	958335	226	23.58	23.04
Buffalo Trace	222889	55	24.68	22.09
Big Sandy	629913	134	21.27	21.18
Gateway	312962	64	20.45	20.27
Bluegrass	2849974	530	18.60	20.15
Green River	832303	183	21.99	19.92
Pennyrile	878740	189	21.51	19.79
Purchase	771883	198	25.65	19.65
Barren River	1050177	212	20.19	19.50
Lake Cumberland	788521	173	21.94	18.43
STATE	16513976	3670	22.22	21.85

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

Created Mar 5, 2009

II. Disparities in Colorectal Cancer Mortality and Screening Rates

Figure 4



The 2001-2005 colorectal cancer incidence rates for African Americans living in Kentucky were also the second highest in the U.S.

Since 1980 the mortality from colorectal cancer has been steadily declining both in the U.S. and in Kentucky. However, the rate of decline is much slower in Kentucky compared to the U.S.³ Thus, the gap between the colorectal cancer mortality rate in Kentucky and that for the U.S. is widening. The high burden of colorectal cancer in Kentucky is due, at least in part, to the differences in literacy and poverty. Lower levels of education and income are associated with significantly lower levels of screening for colorectal cancer.⁵

Tables 1 and 2 show the lower rate of colorectal cancer screening reported to the Behavioral Risk Factor Surveillance System (BRFSS) in 2006 by people with lower education and income levels in Kentucky compared to those with higher levels of education and income in Kentucky. There are two populations within Kentucky that have significantly lower rates of literacy and higher rates of poverty. These are urban African American populations and people living in Appalachia. These two populations have significantly higher colorectal cancer incidence rates compared to the entire state as shown in Table 3.⁴

Percent Age 50 + Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Kentucky, 2006*

Table 1. Education Level

Education	% Yes
Less than HS	45.5
HS or GED	57.3
Some post HS	60.0
College Graduate	69.9

Table 2. Income Level

Income	% Yes
Less than \$15,000	45.0
\$15,000-\$24,999	49.0
\$25,000-\$34,999	59.2
\$35,000-\$49,999	60.1
\$50,000 +	67.9

*Source: Behavioral Risk Factor Surveillance System web site, 2009

Colorectal Cancer Incidence Rates, Kentucky, 2002-2006**

Table 3. Incidence Rate

Population	Rate
Kentucky	57.62
Urban African American population of Kentucky	71.60
Appalachian population of Kentucky	59.84

**Source: Kentucky Cancer Registry
All rates are per 100,000 population
Age-adjusted to the US 2000 standard population.

Table 4. Colorectal Cancer Incidence and Mortality by Race and Gender 2001-2005

	Incidence*				Mortality*			
	Men		Women		Men		Women	
	U.S.**	KY	U.S.**	KY	U.S.**	KY	U.S.**	KY
Race								
All	57.3	70.3	42.9	51.4	22.7	26.6	15.9	18.8
Black	70.1	81.3	53.9	65.5	31.8	33.2	22.4	30.1
White	56.5	69.8	42.0	50.6	22.1	26.2	15.3	18.2

*Rates are per 100,000**SEER*Stat SEER 13 Registries
Accessed from Kentucky Cancer Registry website

Kentucky has a burden of colorectal cancer that is substantially higher than most other states. Within Kentucky, African Americans living in urban areas of the state and those people living in the Appalachian region of the state have higher levels of poverty, lower levels of literacy, higher colorectal cancer incidence and mortality rates, and are more likely to be uninsured. There is a compelling need to address this clear disparity by actively providing colorectal cancer screening for these two populations. However, there is also reason to address awareness and access to screening of all eligible Kentuckians as indicated in Table 4.

III. Advisory Committee and Program Overview

The make up of the advisory committee was established under KRS 214.544 (Appendix A) and includes members representing organizations and agencies that are consistently working toward decreasing the incidence, mortality and burden of colon cancer in Kentucky.

The Advisory Committee meets on the third Thursday of each month at 1:30 pm in the Capitol Annex. These meetings began officially in July of 2008 and minutes are recorded and accessible by public record request through the Kentucky Department for Public Health, Division of Prevention and Quality Improvement.

Each monthly meeting is dedicated to the development of the colon cancer screening program and includes presentations from internal experts (e.g., data on prevalence and mortality from the Kentucky Cancer Registry or reports from the Kentucky Cancer Program on public awareness and messaging), presentations from external experts including states with developed programs such as Colorado, review and development of grant applications, program manuals, best practice models for outreach, materials and links on the website and discussion of potential funding sources.

The future direction of the Advisory Committee continues to be a focus on developing a sustainable infrastructure for a statewide colon cancer screening program. According to the provisions of KRS 214.540 (Appendix A) the Colon Cancer Screening Program is established for the purposes of:

- (a) Increasing colon cancer screening;
- (b) Reducing morbidity and mortality from colon cancer; and
- (c) Reducing the cost of treating colon cancer among citizens of the Commonwealth.

Program and Organizational Support

While funds were not appropriated to implement a colon cancer screening program, the Kentucky Department for Public Health has moved forward in collaborating with member organizations of the advisory committee to advocate for development of a colon cancer screening program for Kentucky. The Kentucky Cancer Program and the Kentucky Cancer Consortium provide expertise and connection to coalitions and networks of professional and lay persons working to decrease the burden of cancer in Kentucky.

The Kentucky Department for Public Health will also continue to work on integrated cancer screening and prevention efforts with the Kentucky Women's Cancer Screening Program as well as other programs within the Health Care Access Branch and Chronic Disease Prevention Branch in the Division of Prevention and Quality Improvement and other external partners. Providers and partners who particularly address the needs of the uninsured such as the local health departments and the federally qualified health centers in the state can provide outreach to this high need population. This collaborative effort will maximize outreach through these programs and avoid duplication of messaging.

IV. Recommendations/Policy Implications

Ongoing goals and objectives are directed to accomplishing the following:

1. Utilize an integrated approach to increasing colon cancer screening across Kentucky through partners including local health departments, FQHCs, private providers and hospitals, employers, Medicare, Medicaid, and insurance companies;
2. Develop public awareness campaign as developed by partners within the Advisory Committee;
3. Develop culturally sensitive outreach and education to assist certain high risk groups, such as African American, Appalachians, and other at-risk populations in obtaining timely preventive services;
4. Decreasing barriers to screening and increasing access to particular disparate groups;
5. Continue to advocate for state appropriations and other funding, (i.e. federal grants) to implement a screening program.
6. Development of a patient navigation model for improving access to recommended cancer screening services, follow-up, diagnosis and treatment in medically underserved populations;
7. Addressing the list of recommendations and weaknesses from the Centers for Disease Control and Prevention (CDC) related to the unfunded colon cancer grant application which include the need for established state funding, staffing and access to treatment;
8. Development of an electronic system for clinical and cost data collection for colon cancer screening which is linked to the Kentucky Cancer Registry per guidelines of the CDC.

V. Accomplishments of partners represented within the Colon Cancer Advisory Committee 2008-2009

- The Kentucky Cancer Consortium (KCC) Colon Cancer Prevention Committee, which includes over 40 active member organizations, including the Kentucky Cancer Program, the American Cancer Society, the Kentucky Department for Public Health as well as local and district health departments, the Kentucky Medical Association, the Kentucky Hospital Association and healthcare insurers, have contributed an in-kind total of \$63,777 including staff, travel, and resources (July 1, 2008 – June 30, 2009) to collectively increase colon cancer screening in Kentucky.
- The KCC Colon Cancer Prevention Committee developed three subcommittees to identify and implement strategies to increase colon cancer screening in Kentucky: *Public Awareness*, *Grassroots Advocacy* and *Provider/Medical Home*.
- The Public Awareness subcommittee worked with the Kentucky Cancer Program (KCP) to develop simple key messages using posters and other print materials to increase awareness of the need to be checked for colon cancer. KCP conducted 23 focus groups with 315 participants in all 15 Area Development Districts. The finalized messages will begin dissemination in September 2009.
- The Grassroots Advocacy subcommittee member organizations (hosted by the American Cancer Society and the Colon Cancer Prevention Project) participated in “Lobby Days” where hundreds of volunteers from around the state advocated for funding of the Kentucky Colon Cancer Screening Program (KRS 214.540-544).
- The Provider/Medical Home subcommittee has increased provider involvement to include Federally Qualified Health Centers, pharmacists and nurse practitioners and has disseminated screening and surveillance tip sheets and new screening guidelines to health care providers throughout the state.
- The Kentucky Department for Public Health established a web site to provide colon cancer screening information to the general public and providers.
<http://www.chfs.ky.gov/dph/coloncancer>.
- The Kentucky Department for Public Health established a full time position to coordinate the Colon Cancer Screening Program.
- The Kentucky Medical Association devoted the entire April 2009 journal to colon cancer in Kentucky. The Kentucky Medical Association Journal is distributed to Kentucky physicians throughout the state.
- The Kentucky Cancer Registry included a special section on colorectal cancer in their annual report published in December 2008.

- KCP sponsored a colon cancer forum in Kentucky with funding from the Kentucky Cancer Consortium, Appalachian Regional Commission, and East Tennessee State University. The forum provided state and district data, information on Kentucky colon cancer legislation, and best practices for education and outreach.
- Eight KCP District Cancer Councils selected “Increasing Colon Cancer Screening” as their top priority objective.
- KCP coordinated and implemented provider education programs to more than 235 physicians and health care professionals during the 2008-2009 fiscal year. Physicians, nurses, and pharmacists from Louisville, Lexington, Hopkinsville, Madisonville and Glasgow participated in continuing education to increase colon cancer screening rates among patients.
- Kentucky has dramatically improved by moving from 48th in colon cancer screening in 1997 to 23rd in 2008, according to the Behavioral Risk Factor Surveillance Survey data completed annually through funding by the Centers for Disease Control and Prevention (CDC). Sigmoidoscopy/colonoscopy rates for Kentucky have increased from 34.2% in 1997 to 63.7% in 2008.
- The Kentucky Department for Public Health in collaboration with state partners wrote a proposal for a CDC grant to fund screening for colon cancer for the uninsured and underinsured. The application was recommended for approval, but did not score high enough for funding by CDC.
- KDPH developed a working program manual in order to be “shovel ready” for a fully funded program.
- The Colon Cancer Prevention Project, KDPH, Louisville Metro Health Department and other partners collaborated with Kentucky Educational Television to produce and air the annual public awareness television program, “To Catch a Killer” which focused on the impact of colon cancer in Kentucky and the importance of prevention and screening. This program reached approximately 25,000 Kentuckians.
- The Kentucky Department for Public Health utilized \$100,000 of the Preventive Health and Health Services Block Grant to fund each local or district health department during 2009 to provide one outreach activity regarding colon cancer screening awareness in the local community.

VI. Financial Impact of Colorectal Cancer on Kentucky

Regular screening beginning at age 50 remains the best method of prevention for colon cancer, but only a little over half of Kentuckians report having ever been screened. In the Kentucky Cancer Registry annual report of 2008, Cancer Incidence and Mortality in Kentucky, 2001-2005, the data indicates that the mortality rate from colorectal cancer for men in Kentucky is 17.2 % higher than the U.S mortality rate for men. The same is true for women in Kentucky with a mortality rate 18.2% higher than the rate for women in the U.S.

Approximately \$8.4 billion is spent in the United States on colorectal cancer treatment each year according to the National Cancer Institute. Although all charges and costs for treatment of colon cancer in Kentucky are not collected annually, some data is available through the Kentucky Inpatient Hospital Discharge Data reported to the Kentucky Cabinet for Health and Family Services Office of Health Policy. The charges for inpatient treatment of colorectal cancer in Kentucky are substantial, but do not represent all charges for outpatient chemotherapy, procedures, and radiation as these are not currently collected. Inpatient charges alone for 2008 were \$89,094,204 dollars with an average charge for each inpatient discharge for treatment of primary colorectal cancer of \$42,568. In 2008 there were 2,093 inpatient discharges for primary treatment of colon cancer, in 2007 there were 2,212 inpatient discharges and in 2006 there were 2,179 discharges. Costs for new advancements in treatment are substantial, but have increased survival of colon cancer patients.

The primary payer for these costs is Medicare with approximately 60% of the annual discharges and charges attributed to this system. Prevention of colorectal cancer could substantially reduce the burden to the Medicare program in future years. Billable colon cancer inpatient charges to Medicaid for 129 discharges in 2008 were \$7,670,065 which represents approximately 8 percent of the charges annually. In 2007 there were 112 discharges billed to Medicaid for inpatient colon cancer treatment with charges of \$5,098,294 and in 2006 there were 112 discharges with charges of \$4,404,413. For years 2006, 2007 and 2008 there were 54, 66, and 45 discharges attributable to self-pay or charity care respectively.

Data was available for 2007 and 2008 for outpatient colonoscopy procedures for records submitted by hospitals. This represents preventive screening and potential removal of polyps as well as diagnostic procedures. Records are not included from “Free-standing” ambulatory facilities not connected to a hospital. There were 51,624 outpatient colonoscopy procedures reported in 2007 and a substantial increase to 62,978 reported in 2008. While this is a tremendous increase in only one year and may indicate that providers and the public alike have increased knowledge regarding the value and importance of colon cancer screening, the data reflects that of the procedures reported in 2008 only 3% or 1,671 were for patients with Medicaid. Persons who receive charity care through hospitals or are self-pay represent a very small fraction of the total procedures. In 2007 there were 595 procedures reported for self-pay or charity care and in 2008 there were 829 reported. These numbers may represent barriers to adequate screening and prevention of colon cancer in Kentucky in certain populations leading to late stage diagnosis.

According to annual reports by the National Cancer Institute there is approximately \$8.4 billion spent in the United States on colorectal cancer treatment each year.⁶ These reports have consistently shown that mortality is reduced by early detection and costs are reduced by preventing colorectal cancers from forming and reducing the number of late stage diagnosis. Additional prevention studies identify colorectal cancer screening as a high-impact, cost-effective service.⁷ Treatment for early stages of colorectal cancer costs about \$30,000 per patient, compared with about \$120,000 for patients in later stages.⁸

Colorectal cancer screening was among the eight highest-ranking clinical preventive services with the lowest delivery rates identified in the 2001 ranking by the Partnership for Prevention. Although progress toward colon cancer screening goals has been made in Kentucky due to the efforts of effective partnerships and reimbursement to providers for screening by Medicare, Medicaid and many insurers, the burden of colorectal cancer continues to be higher than most other states in the US.

It is important to note that the federal government authorizes the state Medicaid programs to cover screening, but coverage of all tests varies by state. In Kentucky, the Department for Medicaid Services has chosen to cover all appropriate colon cancer screening tests including colonoscopy with a minimal co-pay of \$5.00 by the patient. While this provides access to screening for those covered under the Medicaid program it should be noted in Section I that persons with incomes less than \$15,000 annually have much lower screening rates as compared to those with higher incomes. Many low income individuals do not qualify for Medicaid.

Employers and businesses in Kentucky are affected as well. On an aggregate basis cost burden to employers for people with cancer are high and employers bear additional costs thru lost productivity, short- and long-term disability, and life insurance and employee replacement costs. According to a report commissioned by C-Change and the American Cancer Society done by Milliman, Inc., colorectal cancer was the second costliest invasive cancer to treat in 2005 with costs averaging almost \$4,000 per month.⁹ The Journal of the American Medical Association reports a conservative estimate related to screening colonoscopy done every 10 years per guidelines leading to a 58% reduction in colorectal cancer incidence and 61% reduction in mortality.¹⁰

In 2008, there were 623 discharges from Kentucky hospitals having a primary diagnosis of colon cancer with charges billable to commercial insurances of \$24,922,433. The charges for 2008 represent a 34% increase over 2007 when there were 541 discharges and \$18,499,534 in billable charges. While the increase in charges may represent medical advances in treatment for colon cancer, there is a demonstrated need to reduce costs by early screening and prevention in order to positively impact Kentucky employers by decreasing the rate of colon cancer.

In summary, investment in clinical preventive services such as colon cancer screening has been proven to be cost effective and can reduce the burden of incidence and mortality from colon cancer in Kentucky.

Appendix A: Kentucky Revised Statutes Related to Colon Cancer Screening and Colon Cancer Insurance Coverage

214.540 Definitions for KRS 214.540 to 214.544 -- Establishment and limitation of Colon Cancer Screening Program.

(1) As used in KRS 214.540 to 214.544:

(a) "Department" means the Department for Public Health in the Cabinet for Health and Family Services; and

(b) "Program" means the Colon Cancer Screening Program.

(2) The Colon Cancer Screening Program is hereby established for the purposes of:

(a) Increasing colon cancer screening;

(b) Reducing morbidity and mortality from colon cancer; and

(c) Reducing the cost of treating colon cancer among citizens of the Commonwealth.

(3) The provisions of KRS 214.540 to 214.544 shall be limited to the amount of appropriations to the department for the Colon Cancer Screening Program.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 1, effective July 15, 2008.

214.542 Eligibility for Colon Cancer Screening Program -- Services provided -- Funding -- Data collection -- Administrative regulations.

(1) The program shall provide colon cancer screening for uninsured individuals who are age fifty (50) to sixty-four (64) and other uninsured individuals determined to be at high risk for developing colon cancer.

(2) Services provided under the program may be undertaken by private contract for services or operated by the department. The program may also provide referral services for the benefit of individuals for whom further examination or treatment is indicated by the colon cancer screening.

(3) The department may accept any grant or award of funds from federal or private sources for carrying out the provisions of this section.

(4) The department shall establish a data collection system to document the number of individuals screened, the demographic characteristics of the individuals screened, and the types of colon cancer screening tests performed under the program.

(5) The department shall promulgate administrative regulations to implement the provisions of this section.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 2, effective July 15, 2008

214.544 Colon Cancer Screening Advisory Committee -- Membership -- Duties -- Annual report -- Colon cancer screening, education, and outreach programs.

(1) A Colon Cancer Screening Advisory Committee shall be established within the Kentucky Cancer Consortium. The advisory committee shall include:

(a) One (1) appointee appointed by the Speaker of the House;

(b) One (1) appointee appointed by the President of the Senate;

(c) The deputy commissioner of the Department for Public Health;

(d) Two (2) at-large members appointed by the Governor;

(e) The director of health initiatives for the mid-south division of the American Cancer Society;

(f) The director of the Kentucky Cancer Program at the University of Kentucky;

- (g) The director of the Kentucky Cancer Program at the University of Louisville;
- (h) The director of the Kentucky Cancer Registry;
- (i) The director of the Colon Cancer Prevention Project;
- (j) The chair of Kentucky African Americans Against Cancer; and
- (k) The director of the Kentucky Cancer Consortium.

Members of the advisory committee shall be appointed for a term of four (4) years.

(2) (a) Members appointed under subsection (1)(a) to (d) of this section shall be appointed as follows:

1. Members shall be appointed for a term of four (4) years, except as provided in subparagraph 2. of this paragraph;
 2. The initial appointments shall be for a period of two (2) years; thereafter, the appointments shall be for a term of four (4) years; and
 3. Members shall not serve more than two (2) terms of four (4) years.
- (b) Members serving under subsection (1)(e) to (k) of this section shall serve by virtue of their positions and shall not be subject to term limits.
- (3) The chair of the advisory committee shall be elected from the membership of the advisory committee to serve for a two (2) year term. A member of the advisory committee may designate an alternate to attend meetings in his or her place.
- (4) The advisory committee may add members from other organizations as deemed appropriate.
- (5) The advisory committee shall provide recommendations for the overall implementation and conduct of the Colon Cancer Screening Program.
- (6) The advisory committee shall establish and provide oversight for a colon cancer screening public awareness campaign. The Cabinet for Health and Family Services shall contract with the Kentucky Cancer Consortium at the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budget of the university as used by the Council on Postsecondary Education in determining the funding formula for the university.
- (7) The Colon Cancer Screening Advisory Committee shall provide an annual report on implementation and outcomes from the Colon Cancer Screening Program and recommendations to the Legislative Research Commission, the Interim Joint Committee on Health and Welfare, the Interim Joint Committee on Appropriations and Revenue, the Governor, the secretary of the Cabinet for Health and Family Services, and the commissioner of the Department for Public Health.
- (8) The Kentucky Cancer Program, jointly administered by the University of Kentucky and the University of Louisville, shall establish a colon cancer screening, education, and outreach program in each of the state area development districts. The colon cancer screening, education, and outreach program shall focus on individuals who lack access to colon cancer screening. The Cabinet for Health and Family Services shall contract with the University of Louisville and the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budgets of the universities as used by the Council on Postsecondary Education in determining the funding formula for the universities.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 3, effective July 15, 2008.

Legislative Research Commission Note (7/15/2008). There are two incorrect internal references in subsection (2) of this statute that have not been corrected in codification because they are drafting errors, not manifest clerical or typographical errors correctable by the Reviser of Statutes under KRS 7.136(1)(h). However, the reference in subsection (2)(a) to "subsection (1) of this section" should have been drafted as "subsection (1)(a), (c), and (d) of this section" since the deputy commissioner of the Department for Public Health referenced in subsection (1)(c) of this statute serves as an ex officio, not appointed, member of the advisory committee. Likewise, the reference in subsection (2)(b) of this statute to "subsection (1)(e) to (k) of this section" should have been drafted as "subsection (1)(c) and (e) to (k) of this section."

304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests.

(1) A health benefit plan issued or renewed on or after January 1, 2009, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for colorectal cancer screening of asymptomatic individuals as follows:

(a) Coverage or benefits shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for colorectal cancer screening; and

(b) The covered individual shall be:

1. Fifty (50) years of age or older; or
2. Less than fifty (50) years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American Cancer Society.


(2) Coverage under this section shall not be subject to a separate deductible or separate coinsurance but may be subject to the same deductible or coinsurance established for other laboratory testing under the health benefit plan.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 107, sec. 1, effective July 15, 2008

Appendix B: Statewide Public Awareness Messaging Materials

Poster



Curtis Hancock, farmer, Fulton



Jane Gentry Vance, poet, Lexington



John Huggins, retired educator, Louisville



Jim Rutledge, master distiller, Lebanon



Pat Brunner, homemaker, Berea

DID YOU KNOW ...

- ✓ All Kentuckians age 50 and older should get regular colon cancer checks.
- ✓ Early colon cancer may have no symptoms.
- ✓ 9 out of 10 colon cancers may be prevented or cured with regular checks.

NOW YOU KNOW

NOW YOU CAN

Talk to your doctor
about getting checked
for colon cancer



Kentucky Department for Public Health
Colon Cancer Screening Program
<http://chfs.ky.gov/dph/ColonCancer.htm>

*Photographs courtesy of Kentucky Monthly
and photographers Steve Patton, Tim Webb,
Warren Brunner, and Ann Stroth*

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Talk to your doctor
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Regular
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save
your life!

Kentucky Dept. for Public Health
Colon Cancer Screening Program

[http://chfs.ky.gov/dph/
ColonCancer.htm](http://chfs.ky.gov/dph/ColonCancer.htm)

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References

1. American Cancer Society. Cancer Facts and Figures 2008. Atlanta: American Cancer Society; 2008.
2. American Cancer Society. Colorectal Cancer Facts and Figures 2008-2010. Atlanta: American Cancer Society, 2008.
3. Kentucky Cancer Registry, web site, accessed March 15, 2009.
4. State Cancer Profiles, web site, accessed March 15, 2009.
5. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, web site, accessed March 15, 2009.
6. National Cancer Institute, *A Snapshot of Colorectal Cancer*, December 2007. Available at: <http://planning.cancer.gov/disease/Colorectal-Snapshot.pdf>
7. Maciosek, MV, Solberg, Leif, et al. Colorectal cancer Screening Health Impact and Cost Effectiveness. *Am J Prev Med* 2006; 31 (1):80-89.
8. Pignone M, Saha S, Hoerger T, Mandelblatt J. "Cost-effectiveness analyses of colorectal cancer screening: A systematic review for the U.S. Preventive Services Task Force." *Annals of Internal Medicine* 137:96-104 (2002).
9. *Cancer Screening: Payer Cost/Benefit thru Employee Benefits Programs*, 2005, Milliman, Inc.
10. Frazier, AL, Colditz GA, Fuchs CS, Kuntz KM. Cost –effectiveness of screening for colorectal cancer in the general population. *JAMA*. 2000. 284: 1954-1961.